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## About Policy Research Associates, Inc.

Since 1987, Policy Research Associates, Inc. (PRA) has been a national leader in mental health research and its application to social change. PRA has provided technical assistance and training to over 100 communities nationwide through a broad range of services to guide policy and practice in the field of mental health services. PRA seeks to advance mental health services for vulnerable populations, including children and adolescents, individuals who are homeless, those who are involved in the juvenile or criminal justice systems, and adults and youth who have co-occurring substance use disorders. PRA's work is conducted through three divisions.

### Criminal Justice Division

- Headed by PRA President Henry J. Steadman, PhD
- Projects at the interface between the criminal justice and mental health systems

### Juvenile Justice Division

- Headed by Vice President for Research, Joseph J. Cocozza, PhD
- Projects relating to youth with mental health and substance abuse problems involved with the juvenile justice system

### Homelessness and Housing Division

- Headed by Vice President for Technical Assistance, Deborah Dennis, MA
- Activities related to homelessness, particularly among people with mental and addictive disorders

## Services

- Conference/Meeting Design & Facilitation
- Evaluation and Research
- Technical Assistance
- Training

### ■ Conference/Meeting Design and Facilitation

PRA coordinates and facilitates gatherings to promote knowledge and the exchange of ideas.

- Conferences
- Knowledge Development Workshops
- Policy Academies
- Strategic Planning and Action Planning Meetings

### ■ Evaluation and Research

PRA's work in evaluation and research has made it a leader in local, state, national, and international policy formation.

- Program Assessment
- Performance or Outcomes-Based Measurement

### PRA's Vision

...create positive social change for people who are disadvantaged.

### PRA's Mission

...improve mental health services through technical assistance & training, facilitation & event planning, and evaluation & research.

## ■ Technical Assistance

PRA has provided technical assistance to over 100 communities nationwide through a broad range of services to guide policy and practice in the field of mental health services. PRA currently operates 6 national technical assistance centers and programs for Federal (primarily the Substance Abuse and Mental Health Services Administration) and foundation clients.

PRA's technical assistance services help promote the goal of transforming the nation's fragmented mental health system and developing a recovery-oriented, consumer-driven system of service.

- Development of technical reports
- Identification and documentation of exemplary practices
- Site visits to assist in the application of best practices
- Consultation to promote collaboration and partnership building

## ■ Training

Training is one form of technical assistance provided at PRA, utilized to facilitate collaboration in solving community problems, improving services, and enhancing practice.

### Training with Impact

- PRA training goes beyond increasing the knowledge and skills of individuals
- Wrap-around consulting services ensure lasting impact beyond a training event
- Training is supported by the full resources of PRA and the associated technical assistance centers
- PRA engages top experts in the fields of mental health, substance abuse, co-occurring disorders, criminal justice, juvenile justice, and homelessness and housing to develop and deliver training

### Focus

- Cross- System Collaboration      - For Communities
- Organizational Change            - For Agencies and Programs
- Enhancing Practice                - For Workforce Development

## Customized Services & Products

Services are always customized to meet the specific needs of

- Agencies
- Communities
- State or Regions

## For More Information

- Visit the PRA web site [www.prainc.com](http://www.prainc.com) or email us at [pra@prainc.com](mailto:pra@prainc.com)
- Contact Pam Robbins at (518) 439-7415

### Technical Assistance Centers Located at PRA

National GAINS Center for Systemic Change for Justice-Involved People with Mental Illness,  
<http://gainscenter.samhsa.gov/html>

National GAINS Technical Assistance and Policy Analysis Center for Jail Diversion,  
<http://gainscenter.samhsa.gov/html/tapa>

Health Care for the Homeless Information Resource Center  
[www.prainc.com/hch](http://www.prainc.com/hch)

National Center for Mental Health and Juvenile Justice  
[www.ncmhjj.com](http://www.ncmhjj.com)

National Resource Center on Homelessness and Mental Illness (1988 - 2004)

# Franklin County, Washington

## Transforming Services for Persons with Mental Illness in Contact with the Criminal Justice System

### Introduction

The purpose of this report is to provide a summary of the *ACTION: Cross- Systems Mapping and Taking Action for Change* workshops held in Franklin County, Washington on February 7 & 8, 2007. The workshops were sponsored by Benton & Franklin County Human Services. This report and the accompanying electronic files include:

- A brief review of the background for the workshop
- A summary of the information gathered prior to the workshop: the Community Collaboration Questionnaire
- A description of the workshops
- An updated version of the Franklin County Cross-Systems Map as developed by the group during the workshop
- A description of the local criminal justice system and the cross-systems services
- An action planning matrix for Franklin County as developed by the group
- A summary of the observations, comments and recommendations from Policy Research Associates, Inc. to help Franklin County achieve its goals
- The participant list for the workshops
- Additional resources

Any recommendations contained in this report are based on information received prior to or during the *ACTION: Cross-Systems Mapping and Taking Action for Change* workshops. Additional information is provided that may be relevant to future action planning.

### Background

Benton & Franklin Counties Department of Human Services, in concert with the Franklin County Board of County Commissioners and multiple other local stakeholders, contracted with Policy Research Associates, Inc. to provide assistance with:

- Examining the involvement of persons with serious mental illness and co-occurring substance use disorders with the local criminal justice system
- Facilitating local collaboration
- Development of a strategic action plan to promote progress in addressing the criminal justice diversion and treatment needs of the target population

These workshops for Franklin County were held subsequent to the same workshops for neighboring Benton County, held in September of 2006.

## Participants

The participants in the workshop included 24 individuals representing multiple stakeholder systems including: mental health, human services, health services, probation, housing and homeless services, county jail, law enforcement, county administration, superior court, family members, and consumers. A complete list of participants is available in the Resources section of this document. The workshop was facilitated by Patty Griffin, PhD and Jackie Massaro, LMSW of Policy Research Associates, Inc.

## Preparing for ACTION

Prior to the workshop, PRA gathered information about Franklin County. This included distribution of a *Community Collaboration Questionnaire* and a preliminary meeting by conference call. A copy of the questionnaire can be found in the Resources section of this report. This questionnaire was completed by the existing task force and submitted by Kendra Simpson of Benton & Franklin Counties Department of Human Services.

While the community is in its early stages of collaboration, some significant efforts have been made. Many of the agencies and individuals on the committee that evolved from the Benton County ACTION workshop serve Franklin County as well. Therefore, a number of steps have been initiated in Benton County that will have significant repercussions for Franklin County. In fact, by the end of the Franklin County workshop there was a consensus to combine efforts for services across the two counties. In addition, the committee identified the following collaborative efforts:

- A drug court
- Mechanisms to facilitate communication
- Some screening and assessment of individuals with mental illness and co-occurring substance use disorders
- Re-entry services at Franklin County jail provided through the Lourdes Counseling Center jail discharge program

## About the Workshops

### *ACTION: Cross-System Mapping and Taking Action for Change*

Policy Research Associates, Inc. (PRA) is known nationally for its work in regard to justice involved people with mental illness and co-occurring substance use disorders. The ACTION workshops, *Cross-System Mapping* and *Taking Action for Change*, are unique PRA services tailored to each community. These workshops provide an opportunity for participants to visualize how mental health, substance abuse, and other human services intersect with the criminal justice system.

These two consecutive workshops are unlike other types of consultations or staff development training programs. A key element is the collaborative process. Meaningful cross-system collaboration is required to establish effective and efficient services for people with mental illness and co-occurring substance use disorders in the criminal justice system. This makes the composition of the group extremely important. While some workshops involve advertising to the entire provider community, it is essential that the organizers gather a group that represents key decision makers from the relevant provider systems and varied levels of staff. PRA staff work with this group, serving as expert guides to help the group:

- Create a local cross-systems map
- Identify opportunities and gaps in services
- Optimize use of local resources
- Identify necessary actions for change
- Prioritize actions for change which have been identified
- Develop an action plan to facilitate this change

Upon completion of the workshops, this report is provided in both print and electronic formats. It is meant to be a starting point. The electronic files can be revised over time to reflect the accomplishments and changes in the planning process.

## Franklin County Cross-Systems Mapping

### Cross-Systems Activities

This section of the report provides a comprehensive picture of how people with mental illness and co-occurring substance use disorders flow through the Franklin County criminal justice system. It utilizes the PRA *Cross-Systems Mapping Exercise* which is based upon the Sequential Intercept Model developed by Patty Griffin, PhD of the National GAINS Center and Mark Munetz, MD (Munetz & Griffin, 2006)<sup>1</sup>. In this exercise, the criminal justice system is viewed in terms of opportunities to intercept people with mental illness. The five intercept points include: Law Enforcement and Emergency Services, Initial Detention/Initial Court Hearings, Jails and Courts, Community Re-entry, and Community Corrections/Community Support.

### Gaps, Resources and Opportunities

This section also identifies gaps, resources and opportunities at each intercept point, relevant to Franklin County.

*The following information reflects the notes taken during the Franklin County Cross-Systems Mapping Exercise. These notes and the cross-systems map may be used as a reference for further strategic planning. The cross-systems task force may choose to revise or extend the information summarized here.*

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<sup>1</sup> Munetz, M. R., & Griffin, P. A. (2006). Use of the sequential intercept model as an approach to decriminalization of people with serious mental illness. *Psychiatric Services* 57(4), 544-549.



## Intercept I – Law Enforcement and Emergency Services

In Franklin County, law enforcement is accomplished by the County Sheriff's Department, State Police, and local police in various towns or cities. Due to a lack of formal diversion alternatives, law enforcement officers have limited options for responding to people with mental illness. Therefore, most people with mental illness in contact with law enforcement end up being arrested.

Police officers can currently use the following options for persons with mental illness in crisis:

- Release to family or community – Some individuals are cited and released or simply released to the community or family members.
- Emergency room – Officers have the option of taking people with mental illness in crisis to an emergency room (ER) for medical clearance. Anyone with a medical emergency is taken to the ER. Police officers must stay with people in the ER until a determination is made.
- Social detox – Officers also have the option of taking people who appear to be under the influence of alcohol or other drugs to the social detox. This is a program to help people detoxify from alcohol or other drugs. It is designated as a “social” detox in that it does not provide medical services. If a person develops a medical crisis, he or she would be transferred to the emergency room for medical clearance. This program is beginning to designate specific beds (approximately one to six beds) for persons experiencing a mental health crisis.
- Crisis Response Unit – This program is a unit of Benton and Franklin County Human Services which serves people already enrolled in mental health services. It has access to some crisis beds for persons with developmental disabilities or those with mental illness and co-occurring substance use disorders. It also has access to crisis beds (two to four) in Richland at Jadwin & Callum.

While there is little formal training in mental health crisis response for police officers or for Franklin County Correctional Center corrections officers, both the Pasco Police Department and Franklin County Sheriff's Department were recognized by the Crisis Response Unit and consumers for their strengths in handling mental health crises. It was mentioned that these officers have good attitudes and communication skills. A consumer said, “The Franklin County police officers are good at recognizing mental health issues. They make me feel cared about, yet it is not easy to snow them.”

### Gaps

- Identification
  - Individuals with mental illness who deny their mental illness or do not self-identify “fall through the cracks” are likely to end up arrested when they become involved with law enforcement
  - There are no systematic means for screening and assessment at this intercept
  - Training of police officers in identifying persons with serious mental illness is limited
- Data
  - Pasco Police Department does not track mental health calls, so data is not easily available

- Triage center
  - There is no triage center available – a place where police officers can drop off persons with serious mental illness
- Social Detox program
  - This program needs more staff
  - Law enforcement officers use this service less often because of the need for medical review
- People with developmental disabilities have not been included in planning

## Opportunities

- Senate Bill 5523
  - This bill is currently pending in the legislature
  - Provides alternatives at the discretion of the prosecutors on misdemeanor charges for evaluation and treatment center or state hospital under Mental Health Division
  - Creates a task force to report by 11/15/07 regarding requirements for follow up and treatment
  - Supported by Washington Association of Police Chiefs and Sheriffs
- Pasco Police Department Mental Health Training
  - Currently has a goal to have a four-hour block of training for all officers on: what to do for people with mental illness in crisis, how to identify mental illness, how to respond to people without exacerbating the situation
  - Several sources have been identified that might be used in developing the curriculum including National Institute of Justice, Walla Walla's curriculum, and a training disk developed by the training commission
- Richland Police Department
  - Now receiving mental health training in two hour modules presented by John Simpkin of Sunderland Family Treatment Services
  - This training includes some components of Crisis Intervention Team training such as recognizing and understanding mental illness, assessment of needs, and de-escalation skills
- Seattle Police Department CIT Coordinator has offered to help Franklin County with mental health and crisis response training through a one day training program
- Franklin County Dispatch Service staff receive required 30 day training from state emergency dispatch academy for new recruits, followed by some additional training locally
- Social Detox Program
  - Will be adding staff with mental health background to better accommodate persons with co-occurring disorders
  - The goal is to grow this facility into a triage center with 16 beds to serve both counties

## Intercept II: Initial Detention / Initial Court Hearing

Upon arrest, individuals are taken to the Franklin County Correctional Center and remain in holding cells until the initial hearing, or arraignment. Arraignment occurs within 24 hours.

A routine medical review is made of persons taken into custody. This includes questions about mental health issues. If a person exhibits symptoms of mental illness, corrections officers will refer him or her to the Jail Medical Unit (JMU). This unit does not have a psychiatric specialty. If necessary, the JMU can have a person taken to an emergency room (Lourdes Medical Center) or the Crisis Response Unit.

After arraignment, a person may be released on personal recognizance, on bail, or on bond. In cases of felony charges, a forensic psychiatric evaluation may be ordered for competency to stand trial or sanity.

It was noted that people with mental illness who are arrested frequently have multiple criminal charges under multiple jurisdictions.

### Gaps

- Pretrial Services – There are no pretrial services to review cases for initial hearing and make recommendations to the judge
- Franklin County Correctional Center – The facility is limited in space; there is no secure place for any counseling services
- Eastern State Hospital has a long wait list for competency to stand trial and sanity evaluations
  - On rare occasions, these evaluations will be requested locally

### Opportunities

- Pretrial services do exist in the juvenile system, providing a model
  - Probation counselors provide pretrial services
  - They are assigned immediately and begin channeling some children to alternatives to detention
  - These counselors refer to local providers
- The Department of Human Services (DHS) receives faxed booking information from the Franklin County Correctional Center
  - DHS staff indicate that approximately 80% of all jail bookings have had previous history with DHS
  - Benton County jail emails booking information to DHS and Crisis Response Unit
- SCRAM ankle bracelet is currently being used as a pretrial alternative
  - Detects whether the person has been drinking
- Jail staff, including medical staff, sometimes informally advocate for alternative placement rather than jail by gathering information and bringing it to the judge

## Intercept III: Jails / Courts

After the initial court hearing, individuals who are not released on bail, bond, or personal recognizance will be held at the Franklin County Correctional Center.

Franklin County has a felony drug court but no mental health court and no mental health docket. In addition, a person may receive an alternative sentence under DOSA III as an alternative sentence for persons with substance abuse disorders.

People in need of psychiatric services who are incarcerated awaiting trial and those who are sentenced will be referred to the Jail Medical Unit (JMU). The jail does not have access to a psychiatrist to write new prescriptions. Again, the JMU may get assistance from the Crisis Response Unit (CRU) to obtain psychiatric medications, but only for persons with existing current prescriptions. The JMU may also rely on other previous providers for assistance. Lourdes Counseling Center does come to the jail for assessment and for transition planning, so they sometimes can provide advice or informal assistance for these individuals.

There are also self-help programs such as Alcoholics Anonymous and Narcotics Anonymous that provide mutual support services in the jail.

### Gaps

- Limited mental health services in jail
  - No psychiatrist in jail to write new prescriptions
  - Jail nurse must rely on assistance from previous providers (if available) and the Crisis Response Unit
  - Crisis Response Unit can only be helpful if they have a recent prescription for the person
  - Crisis Response Unit can provide sample medication, but jail only uses bubble packed medication
  - More time from Lourdes Counseling Center is needed (both counties)
  - High costs of medication poses a problem, especially for those returning from Eastern State Hospital
- No treatment in jail for substance use disorders
  - Substance abuse is a significant correlate of criminal behavior for a large number of individuals in jail
  - Many function well while in jail while clean from substance use, but relapse upon return to the community
  - Treatment in jail for co-occurring substance use disorders can enhance success in making a successful transition and linkage back to the community and support continued recovery from substance abuse problems
- Drug court
  - Cap on the number who can be served by the Drug Court (50 persons) is limiting
- Potential for court referrals
  - Lack of evidence-based treatment in the community limits the resources available to the courts to achieve better outcomes for individuals with severe mental illness
  - Need more integrated mental health and substance abuse treatment

## Opportunities

- Adult Drug Court
  - Does serve some persons with co-occurring mental illness, but not those with severe mental illness
  - Drug Court's Community Advisory Board provides support and assists in identifying local resources
- Mental Health Court
  - Benton County is exploring the possibility for a mental health court at the District Court level
  - They recently visited both the Seattle and King County mental health courts which offered assistance in setting up future mental health courts
  - Possibility of other staff, such as prosecutor, visiting in the future
- Crisis Response Unit
  - Jail nurse will contact Crisis Response if she needs assistance with medication
  - Crisis Response Unit also assists with providing continuity of care information when they are familiar with the person
  - Crisis Response Unit could be utilized more effectively
- Lourdes Counseling Center
  - Also does some coordination to ensure continuity of care
  - Will assist jail in expediting a response from Eastern State Hospital for transfer to inpatient hospitalization
- Self-help and faith-based groups
  - Several self-help groups do in-reach in the jail
  - Many church-based groups come into jail
  - Active chaplain interest in providing support
- Corrections Academy
  - Provides training on mental health
  - Uses a CD for training in-house
- County Commissioners
  - Interested in having a snapshot of human services and a strategic plan to improve those services
  - Have asked for short-term and long-term plans
  - Contracted with Judy Clegg and Associates for a bi-county review of human service delivery; recommendations due to commissioners in June 2007
  - Possibility of integrating work from the cross-systems mapping session into this review
- Legislative action
  - Currently there is a bill in the legislature that would allow for the use of less expensive generic medications as a substitute
  - Possibility of support this bill and capitalize on it potential success
- Jail staff sometimes gather information for judges for release
  - Indicates support for the concept of diversion

## Intercept IV: Re-Entry

People with mental illness and co-occurring disorders may be sentenced to prison, where a prison-based assessment is conducted and limited mental health and substance abuse services are provided. There are no treatment services available for individuals returned to the Franklin County Correctional Center from the Department of Corrections.

Individuals sentenced to prison or jail are eligible for 1290 services upon release, however, there are eligibility limitations. Individuals may apply for these services up to 45 days prior to release. Under this program, people who are sentenced to the Franklin County Correctional Center may be assessed by the Lourdes Counseling Center to connect or reconnect them with the entitlements necessary to obtain treatment upon release. Lourdes Counseling Center also provides transition planning to help individuals return to their communities with a plan for linking them to follow-up treatment and services. Home Base Connections can provide services to access housing and other supports.

There are many community-based services available to people with mental illness returning to the community after a jail sentence, including:

- Lourdes Counseling Center MICA Program
- Community Action Committee
- Sunderland Family Treatment
- Wilson House
- Advocates for Wellness
- Benton & Franklin Counties Department of Human Services
- Nueves Esperanza
- Home Base

There was some discussion by the group that there is a need for more integrated treatment services for those with mental illness and co-occurring substance use disorders, as well as a need for many other evidence-based practices.

### Gaps

- Assessment by Lourdes Counseling Center
  - Lourdes is only able to provide 8 hours/week assessment for Franklin County Correctional Center for transitional planning through a state funded program
  - Funding ends in June 2007
  - Legislatively created program
  - Demand is greater than their staffing allows
  - There is limited space in the jail to provide counseling services (i.e., no office or phone)
  - Their work with the jail could be better clarified for both jail staff and program staff
- Jail release
  - Individuals often leave jail without aftercare planning or medication
  - Individuals may not know when they will be released, although some are active in learning their release dates
  - Jail provides opportunity for people to contact family or friends as they are being released, however, transportation is not provided

- State prisons
  - Concerns were expressed about whether the state prisons systematically identify persons with severe mental illness and plan for their transition back to their communities
  - Many leave state prison without connection to local services and entitlements
  - 1290 does not include female prisoners
  - For those receiving treatment in prison, Regional Support Network is notified, which connects to a local provider (very limited)
- Multiple jurisdictions and high court fines
  - It is difficult for people to achieve stability when individuals have multiple jurisdiction involvement
  - Existing high court fines can not be realistically paid by most people with mental illness
- Community Integration Assessment Program (CIAP) funding has been depleted for this fiscal year
- Data
  - Lack of data about individuals with severe mental illness returning to community after incarceration
- Veterans
  - High numbers of veterans who are homeless and in jail in Benton County; it is likely that these numbers are similar in Franklin County
  - Veterans Administration does not provide in-reach into jail
- Treatment and support services in the community
  - Lack of evidence-based treatment in the community, limiting the resources available to the courts to get better outcomes for individuals with serious mental illness
  - Need more integrated mental health and substance abuse treatment
  - “Mental health coupon” often limits what services can be provided
  - Few transitional services from the jail for persons with substance use disorders
  - Lack of linkage to community for educational resources
  - Lack of linkage to Vocational Rehabilitation and other vocational resources

## Opportunities

- House Bill 1290
  - For individuals with Axis I diagnoses
  - Links to benefits by release date in order to get individuals on their medication as soon as possible
- Lourdes Counseling Center
  - Legislative funding for Lourdes transitional program ends June 2007; commissioners expressed a willingness to support having this funding become part of the permanent budget
  - Lourdes program will follow individuals released from jail until they are connected to mental health services
- Jail provides linkage medication if individual is going to state prison or another jail
- Youth leaving detention centers have transitional plans that may provide a model



- Commissioners are close to an agreement with Regional Support Network to continue local medical assistance benefits
- Community Action Committee
  - Helps to link people to services in the community
- Home Base Connections
  - New grant-funded pilot program to begin shortly
  - Will provide in-reach into the jail for people who are likely to be homeless upon release and a significant number of transitional services including case management and housing
  - Can and will provide services for those with mental illness
  - Able to provide voice mail for individuals who need a phone number while they seek employment
- Data from homeless count
  - Includes information about those in Benton County jail (charges, gender, number of children, and single parent status)
  - Expect to do count in Franklin County jail next year
  - Benton County data found majority of people who were homeless to be single, but many had children and families
- Funding
  - State funds Community Integration Assessment Program (formerly Dangerous Mentally Ill Offender program) to assess risk and provide transitional planning and services for high risk individuals
  - It may be possible to use some jail commissary money for “inmate benevolence” funds
  - It may be possible to use “incentive funds” received from Social Security Administration as a result of jail’s regular reporting to them of admissions to jail to support helping released individuals regain their Social Security benefits
  - Use of 1/10 of 1% funding – an option for mental health diversion can be explored
  - Money collected as part of court filing fees may be a source of funds to support jail-based and re-entry activities
- Issues could be raised in the Prison Impact Committee – Commissioner Cook is a member



## Intercept V: Community Corrections / Community Support

This group had limited information about the services provided by Parole for persons released to the community after serving a portion of their sentence in prison.

The Franklin County Probation Department has a limited number of probation officers with extremely high case loads. There are no systematic ways to identify people with mental illness who are on probation and no officers with specialty training in working with persons with serious mental illness and co-occurring substance use disorders. There is no formal coordination between the probation department and any of the programs that provide mental health services.

### Gaps

- Differences in departments
  - Significant differences between probation departments in each county, Benton and Franklin
    - Lack of standardization across counties for evaluation, sanctions, etc.
    - This is particularly difficult for a large number of people who are on probation in both counties
  - Significant differences between District Court and Superior Court probation
- Caseloads
  - High caseloads for probation; as much as 200 to 250 per officer
  - No specialty caseloads for probation officers to provide specialized attention to individuals with mental illness
- Identification
  - Limited or no mental health assessments for individuals on probation
  - No systematic means to identify individuals on probation with mental illness and link them to community treatment
  - People with co-occurring disorders have particular difficulty succeeding on probation
- Paying fines and meeting orders and conditions
  - Individuals with mental illness are often unable to pay the huge fines assessed by the courts and therefore cannot leave the criminal justice system
  - No community service alternatives and restitution through work approaches to pay down fines
  - Symptoms of mental illness can interfere with a person's ability to meet their orders and conditions; it would be helpful to have a probation officer who has the knowledge and skill to identify these individuals and refer them to the necessary services
  - Collaborative efforts between probation officers and mental health service providers could help people succeed on probation
- Treatment and support service linkage
  - Lourdes has insufficient resources to meet the need; needs full time psychiatrist, more case managers, and more peer specialists
  - Wide range of case management services across agencies and counties are not coordinated
  - No directory of services specific to persons with mental illness and often co-occurring disorders involved in the criminal justice system
  - Limited peer counseling available in general

- Particularly limited for those with co-occurring disorders and/or involved in criminal justice system
- Also, limited for people with substance abuse issues
- Lack of housing alternatives can contribute to lack of success on probation and recidivism
- Access to Care Criteria – only certain mental health disorders/severity are covered

## Opportunities

- Fines and Orders and Conditions of Release
  - If person has a documented disability, the prosecutor will get reduction or restructuring of fines from court
  - Commissioners have upcoming meeting with judges regarding strategies to address fines
- Housing
  - State Housing Trust Fund has \$125 million surplus
  - Homeless Services
    - Provide a strong continuum of care leading people to self-sufficiency
    - Provide a One Stop Intake Service
    - Home Base Connections Resource Guidebook for Low-Income and Homeless People, 2<sup>nd</sup> Edition
      - Consideration being given to putting this directory on-line
    - Kiosks in local libraries
    - Homeless case management system online
    - HIPAA compliant
    - Coordinated case management
- Medical Alert bracelets for behavioral health consumers
  - 50 consumers have signed up already to wear bracelets engraved with “Call Crisis Response Unit” that can be referred to should the individual become involved in a crisis
  - A local jewelry store provides free engraving

## Cross-Intercepts

In addition to those cited previously, the group identified some additional gaps and opportunities that appeared to have effects across all of the intercepts discussed. These are delineated below.

### Gaps

- Transportation for clients
  - Ambulance costs are high; clients unable to pay cost
- Little data available to describe needs

### Opportunities

- Smaller size of Franklin County allows for creative planning and solutions
- Benton and Franklin Counties are surplussing some vehicles which might be used to address transportation gaps
- Commissioners interested in snapshot of need and models that can be considered for change
- A building and seven acres available from the U.S. Army in Pasco could be used for a wide variety of purposes including education, training, employment, restitution initiatives, or to meet some other need

## Franklin County Cross-Systems Map

## Franklin County: Taking Action for Change

*Taking Action for Change* is an interactive, information sharing, collaborative activity that addresses the identified gaps in service and the priorities established in the *Cross-Systems Mapping* workshop. This group was well-represented across systems and they were enthusiastic participants in seeking solutions for change.

### Franklin County Identified Actions for Change

The final step in the *Cross-Systems Mapping* workshop is to identify a list of necessary actions for change to address the gaps identified in the *Cross-Systems Mapping* exercise. These actions are then prioritized by the group.

The assembled stakeholders identified nine specific areas of activity, including opportunities to promote “early quick victories” and more strategic interventions to stimulate longer-term systems changes. These actions for change, ranked by the participants, are listed below.

1. Integrated (mental health & substance abuse) crisis triage center (16 votes)
  - Expand from existing resources
  - Place for police officers to take people instead of jail
  - Work together to get Senate Bill 5533 passed
  - One stop shopping
2. Mental health and co-occurring substance abuse services in the jail (15 votes)
  - Medication and a prescribing physician
  - Screening and assessment
  - Treatment planning
3. Discharge planning from the jail (13 votes)
  - Seamless continuity of care going into and out of jail
  - Integration of WRAP (Wellness and Recovery) planning
  - After jail meds
  - Alternative to fines
4. Increased diversion and alternative sentencing alternatives for criminal justice and mental health (6 votes)
5. Consumer supported services (4 votes)
  - Have peer specialists available for walk-in consumers
  - Have consumers who are paid employees
  - Provide access to education, training and employment
  - Explore voluntary notification through identification bracelets
  - Have peer specialists in all agencies
6. Increase capacity for community mental health services including evidenced-based and preventative services (2 votes)
7. Transportation across intercepts (1 vote)

8. Integrated treatment for co-occurring disorders (1 vote)
9. Secure funding for specialty courts (1 vote)

Other priorities:

- Recovery focus that acknowledges relapse as part of the process and avoids automatic return to criminal justice system
- Wider use of SCRAM as a jail alternative
- Increase training on mental health awareness, de-escalation and crisis response for law enforcement
- Involvement of District Court judges, prosecutors and public defenders in addressing mental health and co-occurring substance use disorder defendant issues
- Coordinate public relations/education to gain support these efforts

# Franklin County Action Planning Matrix

## February 2007

PRIORITY AREA 1 : Integrated Mental Health and Substance Abuse Bi-County Crisis Triage Center				
OBJECTIVE		ACTION STEP	WHO	WHEN
1.1	Expand from existing resources	<ul style="list-style-type: none"> <li>Hire staff</li> <li>Define the service pathway</li> <li>Judy Clegg's work is underway in developing a committee to develop Triage</li> </ul>	<ul style="list-style-type: none"> <li>Carrie, new director of DHS – organizational responsibility for all this</li> <li>Joyce</li> </ul>	March 1
1.2	Place for police officers to take people instead of jail	<ul style="list-style-type: none"> <li>Create a separate area for domestic violence? Look at San Diego model</li> <li>Custody control area at Triage staffed by Sheriff's Department</li> <li>Ensure fast turnaround for law enforcement</li> <li>Address officers' concerns about their liability, clarifying who assumes responsibility for the person after the officer; officers need the opportunity to transfer custody to someone else</li> <li>Ensure that appropriate staff are on hand – CRU mental health and chemical dependency professionals on-site</li> </ul>		
1.3	Work together to get SB 5533 passed			
1.4	One Stop for crisis and for aftercare	<ul style="list-style-type: none"> <li>Look at Seattle model</li> <li>Determine alternatives if facility isn't large enough to be One Stop – consider what elements should be included</li> <li>Consider co-location with Kennewick CSO               <ul style="list-style-type: none"> <li><i>It is likely to be moving in 2009 or so to an undetermined location; consider co-location</i></li> </ul> </li> <li>Focus on identifying and creating linkages to resources for people leaving Triage</li> </ul>	<ul style="list-style-type: none"> <li>John Olivas, DSHS</li> <li>Claude</li> <li>Judith</li> </ul>	
1.5	Consider whether to dedicate any portion of reserve funds to support this effort?	<ul style="list-style-type: none"> <li>Review Clegg's recommendations, due in June</li> </ul>		



1.6	Merge Benton and Franklin County Cross-Systems Initiatives	<ul style="list-style-type: none"> <li>Utilize contract with Clegg &amp; Associates</li> </ul>	<ul style="list-style-type: none"> <li>Claude</li> <li>Bob</li> <li>Kendra</li> </ul>	
1.7	Coordinate with John Olivas, Kennewick Community Service Office of DSHS, State of Washington		<ul style="list-style-type: none"> <li>Claude</li> <li>Bob</li> </ul>	
1.8	Provide a setting that is also appropriate for voluntary referrals	<ul style="list-style-type: none"> <li>Review the availability of beds set aside for voluntary walk ins               <ul style="list-style-type: none"> <li><i>The majority of CRU referrals are walk ins and families</i></li> </ul> </li> <li>Educate community about availability of community resources</li> <li>Create a separate area for women</li> </ul>	<ul style="list-style-type: none"> <li>Jennifer</li> <li>Charlie</li> </ul>	
1.9	Inclusion of chaplaincy as a resource for crisis response		<ul style="list-style-type: none"> <li>Beki</li> </ul>	
1.10	Coordinate paper trail to better manage this process	<ul style="list-style-type: none"> <li>Look at San Diego DV model for this issue</li> </ul>		
1.11	BF CHA ground work in conceptualizing the model	<ul style="list-style-type: none"> <li>Advocate for and push through political process</li> <li><i>Chiefs and Sheriffs are on board for a consolidated crisis approach</i></li> <li><i>Some folks have visited Yakima's triage as a model</i></li> <li><i>In process for three years</i></li> <li><i>NAMI is a member</i></li> </ul>		
1.12	Find location	<ul style="list-style-type: none"> <li>Assess available buildings</li> <li>Review Clegg's recommendations</li> </ul>	<ul style="list-style-type: none"> <li>Kendra</li> <li>Claude</li> <li>Bob</li> <li>New DHS administrator</li> </ul>	
1.13	Get Clegg & Associates to work on models for triage for the June recommendations	<ul style="list-style-type: none"> <li>Ensure that the work done by consultant Clegg &amp; Associates is coordinated with <i>Cross-Systems Mapping</i> work               <ul style="list-style-type: none"> <li><i>It was noted that this is already part of Clegg &amp; Associates scope of services</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Claude, Bob, &amp; Kendra</li> </ul>	

PRIORITY AREA 2: Mental Health and Co-occurring substance services in the jail				
OBJECTIVE		ACTION STEP	WHO	WHEN
2.1	Medication	<ul style="list-style-type: none"> <li>Review the current practices in regard to providing medication to persons with mental illness</li> <li>Determine if some guidelines should be established</li> <li>Ascertain what steps are necessary</li> <li>Explore solutions to providing appropriate medications</li> </ul>	<ul style="list-style-type: none"> <li>Joyce</li> <li>Jail medical staff from Benton and Franklin Counties</li> <li>Eric, Lourdes Counseling Center</li> <li>DHS</li> <li>Jail administrators</li> <li>Brooke</li> <li>Beki</li> <li>Heather</li> </ul>	Subcommittee to meet by end of March
2.2	Prescriber	<ul style="list-style-type: none"> <li>Identify a mechanism to provide for a prescribing physician</li> </ul>		
2.3	Screening and assessment	<ul style="list-style-type: none"> <li>Identify formalized protocol that includes screening, assessment, and treatment planning</li> <li>Consider implementing the use of the Brief Jail Mental Health Screen               <ul style="list-style-type: none"> <li><i>Benton County has had a positive experience with this approach</i></li> </ul> </li> </ul>		
2.4	Treatment planning			
2.5	Find funding	<ul style="list-style-type: none"> <li>Consider flex fund</li> <li>Explore funding approaches used in Seattle</li> <li>Explore the possibility of using Benevolent funds</li> <li>\$200,000/year annual assessment in Benton County</li> <li>Explore the possible grants that may be used for this purpose</li> </ul>		
2.6	Gather and review other models of jail mental health services			

2.7	Continuity of care at the front door in order to follow folks that are already in service			
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PRIORITY AREA 3: Discharge planning from Franklin County jail				
OBJECTIVE		ACTION STEP	WHO	WHEN
3.1	Subcommittee to coordinate these efforts	<ul style="list-style-type: none"> <li>Establish a subcommittee to examine current discharge planning activities and explore enhancing these services</li> </ul>	<ul style="list-style-type: none"> <li>Debbie, CAC</li> <li>Bernice Kroll, Lourdes Counseling Center</li> <li>Shawna Sunderland</li> <li>?, Nueves Esperanza</li> <li>Brooke</li> <li>Beki, Chaplaincy</li> <li>Jail administrators</li> <li>Todd, DSHS</li> </ul>	
3.2	Coordination between the two counties	<ul style="list-style-type: none"> <li>Examine the specific work in Benton County</li> <li>Look at how to coordinate</li> </ul>		
3.3	Seamless continuity of care entering and leaving jail			
3.4	Introduction of WRAP planning (Wellness and Recovery Action Plan)	<ul style="list-style-type: none"> <li>Review the work done in this area in the Seattle jail               <ul style="list-style-type: none"> <li>Seattle's contracted providers are required to do WRAP planning in the jail</li> </ul> </li> </ul>		
3.5	After-jail medications			
3.6	Alternatives to fines	<ul style="list-style-type: none"> <li>Enlist Dan Arnold from Benton County Public Defenders and other court staff in reviewing this issue</li> <li>Explore alternatives to fines such as: community service, work programs, and restitution</li> </ul>		
3.7	Include peer counselors in in-reach efforts			

3.8	Implementation of H Gap grant	<ul style="list-style-type: none"> <li>▪ Housing stability</li> <li>▪ Seeking employment</li> <li>▪ In-reach within 45 days prior to discharge</li> <li>▪ Case management</li> <li>▪ Follow up as they come out of the jail</li> </ul>		
3.9	Judicial acceptance of plan	<ul style="list-style-type: none"> <li>▪ Explore the possibility of having the service linkage plan to be part of the sentence</li> <li>▪ Consider if this can be included as part of the Stipulated Orders of Continuance</li> <li>▪ Have a discussion with judges</li> </ul>		
3.10	Include substance abuse providers in treatment planning	<ul style="list-style-type: none"> <li>▪ Address co-occurring disorders</li> </ul>		
3.11	Start early in the criminal justice process	<ul style="list-style-type: none"> <li>▪ Explore diversion possibilities that allow judges to have input at the earliest stage</li> <li>▪ Consider the Shelby County Roundtable approach to developing linkage plans</li> <li>▪ Also consider inclusion of consumers in advisory committee approach or other ways</li> </ul>		

PRIORITY AREA 4: Increased diversion and alternative sentencing alternatives for criminal justice and mental health				
OBJECTIVE		ACTION STEP	WHO	WHEN
4.1	Estimate cost savings of diversion program			
4.2	Focus on intercepting as early as possible	<ul style="list-style-type: none"> <li>▪ Speed up the process and reduce time spent in jail</li> <li>▪ Prevent time in jail</li> <li>▪ Examine juvenile court approach</li> </ul>	<ul style="list-style-type: none"> <li>▪ Subcomponent of work of Discharge Planning Subcommittee</li> <li>▪ Heather</li> </ul>	
4.3	Surplus facility in Pasco	<ul style="list-style-type: none"> <li>▪ Consider this as a possibility to use for education and training purposes and alternative for criminal justice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Claude will pursue</li> </ul>	
4.4	Ensure that referrals can be made at every stage of criminal justice system processing	<ul style="list-style-type: none"> <li>▪ Look at the King County approach to ensuring that referrals can be made at every stage</li> </ul>		
4.5	Consider asking the Drug Court planners to examine other diversion alternatives			
4.6	Consider ways to coordinate and share between the two counties			
4.7	Tailor diversion and sentencing alternatives to the counties	<ul style="list-style-type: none"> <li>▪ Perhaps avoid "CIT" and focus instead on mental health and crisis de-escalation skills</li> <li>▪ Consider inviting the CIT folks from Seattle</li> </ul>	<ul style="list-style-type: none"> <li>▪ John</li> </ul>	

PRIORITY AREA 5: Consumer Supported Services				
OBJECTIVE		ACTION STEP	WHO	WHEN
5.1	Committee to expand the roles of consumers in service delivery	<ul style="list-style-type: none"> <li>Establish a sub-committee</li> </ul>	<ul style="list-style-type: none"> <li>Jennifer and John will take the lead and recruit others to join them including Charlie</li> </ul>	By end of March
5.2	Peer specialists -- walk in availability			
5.3	Paid employment as service providers			
5.4	Access to education			
5.5	Access to training			
5.6	Access to employment			
5.7	Voluntary use of identification bracelets			
5.8	Placed across all agencies			
5.9	Integration of WRAP planning for people in jail, when appropriate			
5.10	Talk with justice-involved individuals to determine their interest and needs	<ul style="list-style-type: none"> <li>Consider including Matt as he's able</li> </ul>	<ul style="list-style-type: none"> <li>Beki will join Jennifer and John</li> </ul>	

5.11	Training for peer specialists	<ul style="list-style-type: none"><li>▪ Goal of 20 peer counselors to be trained in the future</li><li>▪ Add a training component that focuses on criminal justice issues</li></ul>	<ul style="list-style-type: none"><li>▪ Cindy Adams, RSN</li></ul>	
5.12	Recruit consumers with criminal justice experience			
5.13	College credit for peer specialist training	<ul style="list-style-type: none"><li>▪ Consider approaching community college about credit</li><li>▪ Consider Washington State University Tri-Cities --- psychology and criminology</li></ul>		
5.14	Consider inclusion of consumers outside of the peer specialist program			



PRIORITY AREA 6: The Committee to Move the Action Plan Forward				
OBJECTIVE		ACTION STEP	WHO	WHEN
6.1	Integrate Benton and Franklin County cross-systems efforts	<ul style="list-style-type: none"> <li>Already amended into Judy Clegg contract</li> <li>Have her call together a combined meeting</li> </ul>	<ul style="list-style-type: none"> <li>Kendra</li> </ul>	
6.2	Recruit missing stakeholders	<ul style="list-style-type: none"> <li>Recruit representatives from the following services to serve on this committee               <ul style="list-style-type: none"> <li>Detox</li> <li>Nueves Esperanza</li> <li>Prosecutors</li> <li>Defense attorneys</li> <li>District courts</li> <li>Municipal courts</li> <li>Drug court case managers</li> <li>Social Services</li> <li>Grace Clinic</li> <li>Home Base Connections</li> </ul> </li> </ul>		
6.3	Determine the differences and similarities in the priorities for the two counties	<ul style="list-style-type: none"> <li>Review Benton County priorities:               <ul style="list-style-type: none"> <li>Establish cross-systems task force</li> <li>Develop pre-booking diversion including CIT and triage</li> <li>Identify crisis and detox beds close to jail</li> <li>Build treatment court alternative with 1/10 of 1 % funding with sentencing alternatives</li> <li>Provide access to benefits to 1290 clients</li> </ul> </li> </ul>		
6.4	Recruit more volunteers		<ul style="list-style-type: none"> <li>Jerry willing to assist on any working group</li> </ul>	
6.5	Bi-County meeting to review work	<ul style="list-style-type: none"> <li>Send out an email notification of the date               <ul style="list-style-type: none"> <li><i>First working Friday of March</i></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Kendra</li> </ul>	March 2 9:00 -noon
6.6	Share today's draft of cross-systems map, priorities list, and gaps/opportunities list with Judy Clegg		<ul style="list-style-type: none"> <li>Kendra</li> </ul>	

## Recommendations for Franklin County

Perhaps the biggest immediate challenge for Franklin County is integrating the work developed through the *Cross-System Mapping* workshop with Clegg and Associates' bi-county review of human service delivery. Recommendations from that group are due to the county commissioners in June 2007. Efforts should be promptly made to share this report and the feedback of the workshop participants with Clegg and Associates for integration into their bi-county review and recommendations. Also included in the discussion should be the results of the September 2006 *Cross-System Mapping* workshop with Benton County.

### Additional Recommendations

- At all stages of the Intercept Model, data should be developed to document the involvement of people with severe mental illness and often co-occurring disorders in the Franklin County criminal justice system. Very little data was available to illustrate the scope and complexity of the problems raised during the workshop. The shining exception to this lack of data was the thoughtful information collected by the Home Base Connections project.
- One place to begin collecting data is to take advantage of the Franklin County Correctional Center booking information now provided to the Department of Human Services. Efforts should be made to summarize this information on a regular basis and share with the larger planning group. Special attention should be paid to identifying individuals with severe mental illness and often co-occurring disorders who have a history of previous treatment in the public behavioral health system.
  - Consider contacting Dave Stewart, Adult Services Manager for Pierce County Human Services (253 798-6119), for information about the data collection efforts Pierce County has pursued for a number of years
  - The Research and Statistics Department of the Department of Human Services may be a resource in this effort
- Examine ways the Crisis Response Unit can work more systematically and effectively with jail medical and other staff. Consider Kentucky's Jail Mental Health Crisis Network's efforts to "reduce the number of suicides in local jails, assure the appropriate housing and classification of inmates with mental health, substance abuse, mental retardation and brain injuries and to provide any necessary follow-up service in the jail" ([www.mhmr.ky.gov/mhsas/Jail%20Triage.asp](http://www.mhmr.ky.gov/mhsas/Jail%20Triage.asp)).
- Systematically develop "in-reach" efforts into the jail to identify those with severe mental illness and often co-occurring disorders in order to facilitate continuity of care and alternatives to incarceration. Coordinate the resources offered by jail medical and other staff, the Crisis Response Unit, the Lourdes 1290 program, and the soon to be operational Home Base Connections. Data from Pierce County indicates that individuals with severe mental illness were four times more likely to attend their first post-release mental health appointment if someone from the community had met with them while they were still in jail.
- Build on the energy and interest of consumers who attended the workshop by expanding the work of the Peer Specialists to criminal justice involved populations. Several localities around the country (New York City and Memphis, for example) have found that peer

specialists with a personal history of involvement in the mental health and criminal justice systems have been effective in engaging individuals who have previously resisted traditional mental health efforts.

- Adapt the work currently being done in Franklin County using WRAP (the Wellness Recovery Action Plan) for incarcerated populations. This emphasis on recovery along with building on strengths and personal responsibility can help individuals develop a concrete plan to avoid further involvement in the criminal justice system and move towards success in the community.
- Consider working more closely with the Veterans Affairs Department to address the specific needs of incarcerated veterans with severe mental illness. Data from the homeless survey in the Benton County jail indicated high numbers of homeless veterans. This is likely to be the case in the Franklin County Correctional Center.
  - WRAP has recently been adapted for veterans and people in the military along with people with dual diagnoses (see [MentalHealthRecovery.com](http://MentalHealthRecovery.com))
- Carefully examine the work of the local juvenile justice and behavioral health systems for possible local models of successful collaboration, especially in the areas of identification and diversion at the front door of detention and continued follow up while the youth is involved in the juvenile justice system.
- Explore further work with the faith-based community. Not only are a number of local congregations actively involved in reaching into the Franklin County Correctional Center but a chaplain attended the workshop and volunteered her time in further efforts.
- The Washington State legislature currently has a number of initiatives relevant to the work of Franklin County on people with severe mental illness and often co-occurring disorders involved in the criminal justice system. Recent legislation at the state level, such as “1290,” 2163, and the “One-Tenth of One Percent,” offer an environment in which additional available resources could be dedicated to the work of implementing identified priorities.
- Take advantage of having the current president of the Washington State National Alliance on Mental Illness (NAMI) as part of the workshop and planning group. NAMI is active in many of the legislative efforts noted above and an important advocate on statewide efforts in general in Washington State.
- Also take advantage of the commitment and support demonstrated by the Franklin County Commissioner in participating in this workshop. Both the Franklin County and the Benton County Commissioners showed genuine interest in improving the continuum of resources available for people with severe mental illness and often co-occurring disorders involved in the local criminal justice systems. Having leaders at the level of senior elected officials offers a remarkable opportunity to move forward with the priorities crafted by the *Cross-Systems Mapping* workshop participants.

## Evidence-Based and Promising Practices

Specific treatment, service or criminal justice practices were not examined during the course of the *Cross-Systems Mapping* exercise. At some point, Franklin County may want to assess its successful use of evidenced-based and promising practices in each of these areas. Key areas to examine are listed below.

### Criminal Justice

- Consideration of the impact of trauma in regard to policy and procedures at all intercepts
- The need for gender-informed practices at all intercepts
- Specialized court dockets for persons with mental illness and co-occurring disorders
- Diversion for persons accused of misdemeanors and felonies
- Treatment of mental illness during detention that meets or exceeds constitutional requirements
- Facilitation of re-entry and linkage of individuals to appropriate services in the community

### Treatment

- Integrated treatment of co-occurring mental illness and substance use disorders that focuses on recovery and includes illness self-management strategies and services for families
- Services that are gender sensitive and trauma informed
- Treatment of trauma-related disorders for both men and women
- Assertive Community Treatment programs

### Service

- Utilization of a systemized approach to accessing benefits for individuals who qualify for SSI and SSDI, including individuals who are homeless and those recently released from jail or prison
- Employing consumers in delivery of in-reach, case management and training services
- Supported employment programs
- Safe housing for persons with mental illness involved with the criminal justice system

The Washington State Institute for Public Policy is an important resource for Franklin County. The Institute, founded by the Legislature, carries out “practical, non-partisan” research on a variety of topics including public safety, mental illness, and substance abuse issues. Recent relevant reports from the Institute include a cost effectiveness study of the Dangerous Mentally Ill Offender Program and a fiscal impact study on evidence-based treatment of alcohol, drug, and mental health disorders. See [www.wsipp.wa.gov](http://www.wsipp.wa.gov) for more information.

## Closing

The *ACTION: Cross-Systems Mapping and Taking Action for Change* workshop participants are clearly a dedicated group. The fact that many of them had previously participated in the Benton County workshops will help the two groups to merge or build toward common goals. The creative thinking displayed during the workshops and the level of interest of elected officials are both promising signs for completing and implementing the action plan.

Policy Research Associates, Inc. hopes to continue its relationship with Franklin County and to observe its progress. Please visit the National GAINS Center and PRA websites for more resources and for information about additional services to assist in these endeavors.

***ACTION:*** Transforming Services for Persons with Mental  
Illness in Contact with the Criminal Justice System

## Resources

## Web-Based Resources

Web Sites Sponsored by Policy Research Associates, Inc.	
Policy Research Associates	<a href="http://www.prainc.com">www.prainc.com</a>
National GAINS Center/ TAPA Center for Jail Diversion	<a href="http://www.gainscenter.samhsa.gov">www.gainscenter.samhsa.gov</a>

Additional Web Sites	
Center for Mental Health Services	<a href="http://www.mentalhealth.samhsa.gov/cmhs">www.mentalhealth.samhsa.gov/cmhs</a>
Center for Substance Abuse Prevention	<a href="http://www.prevention.samhsa.gov">www.prevention.samhsa.gov</a>
Center for Substance Abuse Treatment	<a href="http://www.csat.samhsa.gov">www.csat.samhsa.gov</a>
Council of State Governments Consensus Project	<a href="http://www.consensusproject.org">www.consensusproject.org</a>
National Alliance for the Mentally Ill	<a href="http://www.nami.org">www.nami.org</a>
National Clearinghouse for Alcohol and Drug Information	<a href="http://www.health.org">www.health.org</a>
National Criminal Justice Reference Service	<a href="http://www.ncjrs.org">www.ncjrs.org</a>
National Institute of Corrections	<a href="http://www.nicic.org">www.nicic.org</a>
National Institute on Drug Abuse	<a href="http://www.nida.nih.gov">www.nida.nih.gov</a>
Office of Justice Programs	<a href="http://www.ojp.usdoj.gov">www.ojp.usdoj.gov</a>
Partners for Recovery	<a href="http://www.partnersforrecovery.samhsa.gov">www.partnersforrecovery.samhsa.gov</a>
Substance Abuse and Mental Health Services Administration	<a href="http://www.samhsa.gov">www.samhsa.gov</a>

## Brief Jail Mental Health Screen

## State of Washington Authorization for Release of Information



## Extending Assertive Community Treatment to Criminal Justice Settings

## Dispelling Myths about Data Sharing between Mental Health and Criminal Justice Systems



## ACTION: Cross Systems Mapping & Taking Action for Change

### ◇ Franklin County, WA

February 2007

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## ACTION: Community Collaboration Questionnaire

This questionnaire provides PRA with information to help point your community towards the interventions that will be most useful in your community. This Word document can be filled in and returned by way of email to [training@prainc.com](mailto:training@prainc.com).

<b>Community:</b> Franklin County, WA		
<b>Contact Person:</b> Kendra Simpson	<b>Phone:</b> (509)783-5284	<b>Email:</b> <a href="mailto:Kendra@bfdhs.org">Kendra@bfdhs.org</a>

Please check the appropriate box for each and provide descriptions as necessary.		YES	NO
1	Has your community begun to collaborate in providing services/working with people with mental illness and co-occurring disorders in the criminal justice system?	x	
2	Does your community have a cross-system collaborative team or task force? <i>Since the Benton County Jail Mapping took place last September we have been meeting monthly with a wide range of community participation including consumers, jail staff, police, commissioners, provider agency staff, community members, family members, etc.</i>	x	
3	Does your community provide for cross-training of mental health, substance abuse, criminal justice and other providers? <i>Not officially though a number of our mental health staff are trained to detect co-occurring disorders.</i>	x	x
4	Does your community have resources identified to work with this population? <i>Please describe: We have a number of mental health and substance abuse agencies and a wide variety of housing options that is continuing to expand.</i>	x	

5	Do agencies have dedicated staff or staff time to work with this population? <i>Please describe: If a case manager is assigned a client who ends up in the jails they are continue making contact with them.</i>	x	
6	Does your community gather data about persons with mental illness and co-occurring substance use disorders involved with the criminal justice system? <i>Please describe:</i>		x
7	Does your community have an identified boundary spanner? <i>Please describe the position and the person(s):</i>		x
8	Does your community have interagency agreements (MOU) to facilitate services and enhance safety? <i>Please describe:</i>		x
9	Does your community have a coordinated crisis management plan or team? <i>Please describe:</i>		x
10	Does your community have any jail diversion programs at this time? <i>Please describe:</i>		x
11	Does your community have a mental health, drug or other specialty court? <i>Please describe: We have a drug court</i>	x	
12	Does your community have a mechanism (such as an MOU) to facilitate communication across agencies or systems?	x	

13	Does your community have a mechanism (such as an MOU) to facilitate partnerships with probation, parole or law enforcement? <i>Please describe: Nothing formal, but mental health/substance abuse case managers work with other entities as needed</i>		X
14	Have screening or assessment procedures been instituted in the mental health, substance abuse and criminal justice systems to identify people with mental illness and co-occurring substance use disorders? <i>Please describe: Yes, the Franklin County Jail does identify individuals with mental illness</i>	X	
15	Have re-entry services been instituted to help people returning to their communities from jail or prison? <i>Please describe: Lourdes Counseling Center has a jail discharge program located in the Franklin County Jail</i>	X	
16	To be successful, what aspects of each agency's culture do the other agencies need to be sensitive?		